


**WIA - ASSESSMENT FORM**


Revised 8/2007

Social Security Number: _____ - _____ - _____		Assessment Date:	
Last Name:		First Name:	
Address:			
City:		State:	Zip:
Phone: Home		Cell	E-mail:
Service Provider:		Case Manager:	

 <b>ASSESSMENT-EMPLOYMENT</b>	<b>Employment History</b>		
	Employer:	City:	State:
	Start Date:	End Date:	
	Per:	Salary:	
	<b>Job Description:</b>		
	Reason For Leaving:		
	<b>Job Seeking Skills</b>		
	Do you have a resume?	( ) Yes ( ) No	No. of Pages Worth
	What methods have you used for job search?		
	( ) Online ( ) Newspaper ( ) Networking ( ) Direct		
	( ) Cold Calling ( ) TV ( ) Radio ( ) Informational Interview		
	( ) Employment Services		
	Which methods worked best for you?		
	<b>Job Keeping Skills:</b>		
	Were you able to get to work on time?	( ) Yes ( ) No	
	Did you work most scheduled work hours	( ) Yes ( ) No	
	Describe your working relationship with your co-workers/supervisor:		
What type of jobs have you liked in the past and what are you interested in?			
Describe what you liked most about your last job:			
Describe what you liked least about your last job:			
<b>Describe your typical interview:</b>			
Do you need help preparing for interviews?	( ) Yes ( ) No		
<b>LMI vs. Potential Earnings:</b>			


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 <b>ASSESSMENT- EDUCATION</b>	<b>Education History</b>		
	<b>Highest Grade Completed:</b>	<b>Currently in School:</b>	
	Would you like to obtain your high school diploma or GED?		( ) Yes ( ) No
	Do you have a learning disability?	( ) Yes ( ) No	
	What did you like about school?		
	What did you dislike about school?		
	Are there any training programs you started but didn't complete?		( ) Yes ( ) No
	<b>Training Program</b>	<b>Reason for Leaving</b>	<b>Exit Date</b>
	<b>School:</b>		
	<b>City:</b>	<b>State:</b>	
	<b>Major:</b>		
	<b>Degree:</b>	<b>Completion Date:</b>	
	Are you interested in more training/skills enhancement?		( ) Yes ( ) No
	<b>Describe:</b>		
	<b>Employment Skills</b>	<b>Aptitude/Ability Tests</b>	
	<b>Education Issues:</b>		
	<b>LEP (Limited English Proficiency)</b>		
	<b>Describe:</b>		
	<b>Licenses and Certificates:</b>		
	<b>Training Completion Certificates</b>		
<b>Type</b>	<b>License/Certificate</b>	<b>Date/ State</b>	


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 <b>ASSESSMENT- Support System</b>	<b>Childcare</b>		
	Seeker Pregnant:		Due Date:
	Household include children:	( ) Yes ( ) No	
	Need child care supportive services to participate in employment activity	( ) Yes ( ) No	Start Date
	Describe:		
	Do you have a childcare provider?	( ) Yes ( ) No	
	What is your backup plan if provider is not available?		
	<b>Additional Support</b>		
	Any additional supports you need to be successful in employment/participation		
	<b>Housing</b>		
	Homeless in the last year	( ) Yes ( ) No	
	Describe:		
	Current Situation:		
	Expect any changes in 90 days	( ) Yes ( ) No	
	Describe:		
	<b>Household Members (Required for day care purposes only)</b>		
	First, Last	Birthday/Age/Gender	Relation/Dependent
	<b>Transportation</b>		
	What is your transportation?		
	What is your backup plan, if primary transport is unavailable?		
	<b>Drivers License</b>		
	State:	Class:	
	Endorsements:	Status:	
<b>Support Contacts (*Required for customer satisfaction)</b>			
Support Name/Relationship	Number	Type	

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 <b>ASSESSMENT- Financial Needs</b>	<b>Assessment Month &amp; Year</b>		<b>Comment:</b>	
	<b>Monthly Household Resources</b>			
	<b>Resource Type</b>	<b>Description</b>	<b>Amount</b>	
	<b>Total Monthly Resources</b>			
	<b>Monthly Household Expenditures</b>			
	<b>Expenditure Type</b>	<b>Description</b>	<b>Amount</b>	
<b>Total Monthly Expenditures</b>				